
Sample Diet Supplement Review Letter

[insert Administering Authority logo here]

[date]

File:

Dear [name]:

To make sure you receive all the assistance you are eligible for, we need some information.

To continue to receive your diet supplement, please obtain a note from your doctor or a registered dietitian that includes: your diagnosis, confirmation of your continued need for a special diet and how long you will need the diet for.

Please return this information by [date]. You can mail it to us or drop it off at our office at [address]. You can also fax it to us at [fax number].

As you are currently receiving a diet supplement, it is important that you provide the updated information by the above noted date or your eligibility to continue receiving the supplement may be affected.

If you have any questions, please call [administering authority name] at [phone number].

Sincerely,

Band Social Development Worker

Enclosure(s): [attach Diet Supplement Fact Sheet]

